

Treatment Funds Request Form

Every Woman Matters



NEBRASKA OFFICE OF WOMEN'S HEALTH



Version: October 2009

In order for your client to access Medicaid or other treatment resources this form must be complete.

The following documents are required to request financial assistance:

- ⊙ Treatment Funds Request Form
- ⊙ Breast/Cervical Diagnostic Enrollment, Follow Up and Treatment Plan
- ⊙ Pathology Report

For more information see Page 8-1 of the EWM Program Provider Contract Manual

EWM Use Only

Treatment Funds Request Form completed by provider on:	Date ____/____/____	<input type="checkbox"/> Yes/received
Breast/Cervical Diagnostic Enrollment, Follow Up and Treatment Plan completed by provider on:	Date ____/____/____	<input type="checkbox"/> Yes/received
Pathology Report sent on:	Date ____/____/____	<input type="checkbox"/> Yes/received

Client Information

First Name		Middle Initial	Last Name		Maiden Name	
Birthdate		Social Security #		Home/Cell Phone <small>circle one</small>		Work Phone
				()		()
Address			City	County	State	Zip
In what state was the client born:			Primary Language?			
			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other			
Is the client a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, what is the client's immigration status? _____ <small>(Please attach a copy of the client's INS papers, if available)</small>						
Eligibility: Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No Private Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of insurance company: _____			Diagnostic Test: _____ Diagnostic Test Date: ____/____/____ Result: <input type="checkbox"/> CIN II <input type="checkbox"/> CIN III <input type="checkbox"/> Cancer in situ (breast or cervical) <input type="checkbox"/> Invasive cancer (breast or cervical)			
			Treatment: _____ Scheduled Date: ____/____/____ Performed Date: ____/____/____			

Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment Funds within three days of receipt of application, along with a copy of Client Rights and Responsibilities.

SURGEON/CLINIC: _____		Phone: (____) _____
Contact Person: _____		Fax: (____) _____
HOSPITAL: _____		Phone: (____) _____
Contact Person: _____		Fax: (____) _____
PATHOLOGY: _____		Phone: (____) _____
Contact Person: _____		Fax: (____) _____
ANESTHESIOLOGY: _____		Phone: (____) _____
Contact Person: _____		Fax: (____) _____
Referred By/Clinic: _____		Phone: (____) _____
Contact Person: _____		Fax: (____) _____

Attach claim(s) to this form and submit to EWM Staff at the Central Office in Lincoln for clients NOT eligible for Medicaid. Providers have 60 days to submit claims for processing to the EWM Foundation. Treatment funds, if available, are administered through the EWM Foundation.

See reverse of this form for Points of Importance

Points of Importance

- **Federal law now requires that all clients applying for Medicaid Treatment must send a copy of their driver's license. If the client was not born in Nebraska they need to send a copy of their birth certificate also. If the client was not born in the United States the client will need to send a copy of their Naturalization papers or Citizenship papers. Please do not send the original.**
- The Treatment Funds Request Form must be completed, for all clients accessing Nebraska Medicaid or the Every Woman Matters Foundation, in order to receive treatment funds. Every Woman Matters (EWM) staff begins the process to evaluate the client for treatment funding options when the Treatment Funds Request Form is received.
- Clients must complete and submit the Breast and Cervical Cancer Medicaid Supplement Form initiated by EWM staff.
- EWM Case Managers may work with providers and clients to complete the required forms as needed.
- Clients receiving Medicaid for cervical dysplasia are eligible for Medicaid for 90 days.
- Clients treated for cervical dysplasia most likely will not receive a Medicaid **card**.
- Clients receiving Medicaid for breast cancer or invasive cervical cancer are eligible for Medicaid for one year.
- Nebraska Medicaid issues Medicaid numbers. Every Woman Matters does not issue them.
- To retrieve or verify a client's Medicaid number call **(800) 685-5456**.
- Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment funds within three days of receipt of application, along with a copy of Client Rights and Responsibilities.
- Clients ineligible for Nebraska Medicaid will be reviewed for eligibility for other treatment dollars.
- Every Woman Matters Foundation funds are limited to \$750.00 per client, per diagnosis, per lifetime, as long as funds are available.
- Client Photo ID (Birth Certificate if client born outside of Nebraska) and Pathology Report required **PRIOR** to submission to EWM.

Nebraska Department of Health and Human Services
Office of Women's and Men's Health, Every Woman Matters
301 Centennial Mall South, P.O. Box 94817
Lincoln, NE 68509-4817
1-800-532-2227
Fax: (402) 471-0913
E-mail: every.woman.matters@dhhs.ne.gov
Website: www.dhhs.ne.gov/womenshealth

Reasonable accommodations made for persons with disabilities. TDD (800) 833-7352. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.

Funds for this project were provided through the Centers for Disease Control and Prevention Breast and Cervical Early Detection Program, Well Integrated Screening and Evaluation for Women Across the Nation, and Colorectal Cancer Screening Demonstration Program Cooperative Agreements with the Nebraska Department of Health and Human Services. #U58/DP000811, #U58/DP001421 and #1U58/DP002043-01